

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/160,509

FILING DATE  
1/12/01

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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49				
50				
TOTAL IND.	29			
TOTAL DEP.	25			
TOTAL CLAIMS	29			

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL					

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BEST AVAILABLE COPY